



EMS and MOLST Pilot Results

The MOLST Pilot is a success.

To assess field utilization, MOLST was reviewed as part of EMS Prehospital Care Report (PCR). **There have been no untoward consequences and no major issues with MOLST.** The positive attributes and benefits outweigh any potential risks. No new cases have appeared since the QI Audit.

Trained professionals know how to read it and understand its intent. To achieve success, 100% of ALS providers, including major ambulance companies, Monroe Ambulance and Rural Metro, and 100% of Rochester Fire Department have been trained. More than 90% of facilities contract with these 2 major companies. Training is available on the ETIN system. Similarly, extensive training has occurred in Onondaga Counties.

MOLST is well-recognized. EMS is seeing the MOLST serve as the DNR in increasing numbers of encounters. In August 2007, Monroe Ambulance implemented a new electronic record format. MOLST was added as an option in the drop down box as an alternative to the DNR form. This was a voluntary documentation and no focused attention or training was done. Prior to the December 2007 meeting when SEMAC and SEMSCO unanimously voted to endorse MOLST for approval at the statewide level, the presence of a MOLST form was documented 8 times. Subsequently, presence of the MOLST form was documented 100 times.

Recommendation:

- At its December 2007 meeting, New York State Emergency Medical Advisory Committee (SEMAC) and the State EMS Council (SEMSCO) unanimously:
 - voted to endorse MOLST for approval at the statewide level
 - encouraged the Commissioner to promote widespread adoption of the MOLST Program
- New York State amends the public health law, in relation to demonstration programs for alternative forms for nonhospital orders not to resuscitate and make the MOLST permanent and statewide. MOLST could then be used in the community as DNR and DNI throughout New York State and will facilitate appropriate treatment by emergency medical services (EMS) personnel.
- Training is critical and it is recommended that new counties assure adequate EMS training using the standardized EMS tools, education, implementation and QA/QI plans created by the MOLST Community Implementation Team.